



Important Information About Retiree Medical Plan Changes

Retiree Benefit News

Department of Administration, Office of Group Insurance

November 2009

HOW DO I STOP DEDUCTIONS FROM MY RETIREMENT BENEFIT WHEN I MOVE TO A PRIVATE MEDICARE SUPPLEMENTAL PLAN?

As you know, the 2009 Legislature passed House Bill 173. House Bill 173 changed eligibility for participation in the retiree medical plan to no longer include retirees and their dependents who are age 65 or older. The Department of Administration traveled the state during August meeting with our retirees to begin the process of helping you move from the State's plan to the private plan of your choice. All Retirees and dependants age 65 and over will no longer have access to the State's plan as of January 1, 2009.

If you are a retiree age 65 or older and have identified a Medicare supplemental plan to enroll in, you will no longer want the state's retiree plan premium to come out of your monthly retirement benefit.

You must complete and sign the enclosed Declination of Benefits form included with this notice to stop those deductions. The form must be completed, signed and returned to the Office of Group Insurance at the address in the upper left portion of the form.

When the Office of Group Insurance receives this form, it sends a copy to PERSI to assure that they stop the deduction from coming out of your retirement check. A copy is also sent to Blue Cross of Idaho so that they can terminate your coverage under the State's Retiree Medical plan in a timely manner. Blue Cross' receipt of this form will allow them to send you a certificate of continuous coverage to provide to your new Medicare supplement carrier. Many carriers request this letter at the time you enroll.

For those retirees age 65 or older who cover a dependent spouse under the age of 65 there is an additional step. If the under 65 spouse wishes to remain on the plan he/she will have to complete an enrollment application to continue coverage. An enrollment application can be obtained by calling the Office of Group Insurance at the numbers below.

We realize that this is an additional step. However, it has been implemented to protect those leaving the plan from having ineligible premiums withheld from their monthly retirement at the same time they are paying premium to an insurer for new coverage.

**If you have questions, please call
Department of Administration
Office of Group Insurance:**

**1-800-531-0597
(Boise Area: (208) 332-1860)
ogi@adm.idaho.gov**

**State of Idaho
Declination of Benefits**



If you have questions, call:
Department of Administration
Office of Group Insurance
650 W. State Street
Boise, ID 83720-0035
208-332-1860 or 1-800-531-0597
ogi@adm.idaho.gov

COMPLETE ONLY TO DECLINE ALL BENEFITS

Your Name (first, initial, last)	Blue Cross ID Number (if currently enrolled)	Social Security Number / /	Date of Birth / /	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		City, State, Zip Code	Phone Number ()	
State Agency or department from which you are retired				

I hereby decline **all** benefits and understand they may be added at a later date subject to waiting periods and other eligibility requirements as outlined in the State of Idaho member contract.

Effective Date _____

Signature _____ **Date** _____